

FEDERAL EMERGENCY MANAGEMENT AGENCY FORCE ACCOUNT LABOR SUMMARY RECORD											PAGE 1 OF 3			
1. APPLICANT				2. PAID				3. PW#			4. DISASTER NUMBER			
5. LOCATION/SITE								6. CATEGORY			7. PERIOD COVERING			
8. DESCRIPTION OF WORK PERFORMED														
		DATE AND HOURS WORKED EACH WEEK							COSTS					
NAME														
JOB TITLE	DATE								TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY	TOTAL COSTS	
	REG								0		\$0.00	\$0.00	\$0.00	
	ST OT								0	\$0.00	\$0.00	\$0.00	\$0.00	
	OT								0	\$0.00	\$0.00	\$0.00	\$0.00	
	Hol/Other								0	\$0.00	\$0.00	\$0.00	\$0.00	
	REG								0		\$0.00	\$0.00	\$0.00	
	ST OT								0	\$0.00	\$0.00	\$0.00	\$0.00	
	OT								0	\$0.00	\$0.00	\$0.00	\$0.00	
	Hol/Other								0	\$0.00	\$0.00	\$0.00	\$0.00	
	REG								0		\$0.00	\$0.00	\$0.00	
	ST OT								0	\$0.00	\$0.00	\$0.00	\$0.00	
	OT								0	\$0.00	\$0.00	\$0.00	\$0.00	
	Hol/Other								0	\$0.00	\$0.00	\$0.00	\$0.00	
	REG								0		\$0.00	\$0.00	\$0.00	
	ST OT								0	\$0.00	\$0.00	\$0.00	\$0.00	
	OT								0	\$0.00	\$0.00	\$0.00	\$0.00	
	Hol/Other								0	\$0.00	\$0.00	\$0.00	\$0.00	
	REG								0		\$0.00	\$0.00	\$0.00	
	ST OT								0	\$0.00	\$0.00	\$0.00	\$0.00	
	OT								0	\$0.00	\$0.00	\$0.00	\$0.00	
	Hol/Other								0	\$0.00	\$0.00	\$0.00	\$0.00	
Total Cost for Force Account Labor Regular Time													\$0.00	
Total Cost for Force Account Labor Overtime													\$0.00	
CERTIFIED								TITLE				DATE		

FEDERAL EMERGENCY MANAGEMENT AGENCY FORCE ACCOUNT LABOR SUMMARY RECORD											PAGE 2 OF 3			
1. APPLICANT				2. PAID				3. PW#			4. DISASTER NUMBER			
5. LOCATION/SITE								6. CATEGORY			7. PERIOD COVERING			
8. DESCRIPTION OF WORK PERFORMED														
		DATE AND HOURS WORKED EACH WEEK							COSTS					
NAME														
JOB TITLE	DATE	2/15	2/16	2/17	2/18	2/19	2/20	2/21	TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY	TOTAL COSTS	
	REG								0	\$0.00	\$0.00	\$0.00	\$0.00	
	ST OT								0	\$0.00	\$0.00	\$0.00	\$0.00	
	OT								0	\$0.00	\$0.00	\$0.00	\$0.00	
	Hol/Other								0	\$0.00	\$0.00	\$0.00	\$0.00	
	REG								0	\$0.00	\$0.00	\$0.00	\$0.00	
	ST OT								0	\$0.00	\$0.00	\$0.00	\$0.00	
	OT								0	\$0.00	\$0.00	\$0.00	\$0.00	
	Hol/Other								0	\$0.00	\$0.00	\$0.00	\$0.00	
	REG								0	\$0.00	\$0.00	\$0.00	\$0.00	
	ST OT								0	\$0.00	\$0.00	\$0.00	\$0.00	
	OT								0	\$0.00	\$0.00	\$0.00	\$0.00	
	Hol/Other								0	\$0.00	\$0.00	\$0.00	\$0.00	
	REG								0	\$0.00	\$0.00	\$0.00	\$0.00	
	ST OT								0	\$0.00	\$0.00	\$0.00	\$0.00	
	OT								0	\$0.00	\$0.00	\$0.00	\$0.00	
	Hol/Other								0	\$0.00	\$0.00	\$0.00	\$0.00	
	REG								0	\$0.00	\$0.00	\$0.00	\$0.00	
	ST OT								0	\$0.00	\$0.00	\$0.00	\$0.00	
	OT								0	\$0.00	\$0.00	\$0.00	\$0.00	
	Hol/Other								0	\$0.00	\$0.00	\$0.00	\$0.00	
Total Cost for Force Account Labor Regular Time													\$0.00	
Total Cost for Force Account Labor Overtime													\$0.00	
CERTIFIED								TITLE				DATE		

FEDERAL EMERGENCY MANAGEMENT AGENCY FORCE ACCOUNT LABOR SUMMARY RECORD											PAGE 3 OF 3				
1. APPLICANT				2. PAID				3. PW#				4. DISASTER NUMBER			
5. LOCATION/SITE								6. CATEGORY				7. PERIOD COVERING			
8. DESCRIPTION OF WORK PERFORMED															
NAME  JOB TITLE		DATE AND HOURS WORKED EACH WEEK							COSTS						
		DATE	2/15	2/16	2/17	2/18	2/19	2/20	2/21	TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY	TOTAL COSTS	
		REG								0		\$0.00	\$0.00	\$0.00	
		ST OT								0		\$0.00	\$0.00	\$0.00	
		OT								0		\$0.00	\$0.00	\$0.00	
		Hol/Other								0		\$0.00	\$0.00	\$0.00	
		REG								0		\$0.00	\$0.00	\$0.00	
		ST OT								0		\$0.00	\$0.00	\$0.00	
		OT								0		\$0.00	\$0.00	\$0.00	
		Hol/Other								0		\$0.00	\$0.00	\$0.00	
		REG								0		\$0.00	\$0.00	\$0.00	
		ST OT								0		\$0.00	\$0.00	\$0.00	
		OT								0		\$0.00	\$0.00	\$0.00	
		Hol/Other								0		\$0.00	\$0.00	\$0.00	
		REG								0		\$0.00	\$0.00	\$0.00	
		ST OT								0		\$0.00	\$0.00	\$0.00	
		OT								0		\$0.00	\$0.00	\$0.00	
		Hol/Other								0		\$0.00	\$0.00	\$0.00	
		REG								0		\$0.00	\$0.00	\$0.00	
		ST OT								0		\$0.00	\$0.00	\$0.00	
		OT								0		\$0.00	\$0.00	\$0.00	
		Hol/Other								0		\$0.00	\$0.00	\$0.00	
		REG								0		\$0.00	\$0.00	\$0.00	
		ST OT								0		\$0.00	\$0.00	\$0.00	
		OT								0		\$0.00	\$0.00	\$0.00	
		Hol/Other								0		\$0.00	\$0.00	\$0.00	
Total Cost for Force Account Labor Regular Time												\$0.00			
Total Cost for Force Account Labor Overtime												\$0.00			
CERTIFIED								TITLE				DATE			
FEMA FORM 90-123, NOV 98								<b>Grand Total for Force Account Labor Regular Time</b>				\$0.00			
								<b>Grand Total for Force Account Labor Overtime</b>				\$0.00			

[illegible]

**LOUDOUN COUNTY, VIRGINIA  
FORCE ACCOUNT ACTIVITY SHEET**

**Applicant:** \_\_\_\_\_ **DSR NO:** \_\_\_\_\_

**Work Location:** \_\_\_\_\_ **\*Date:** \_\_\_\_\_

### Material Used

Vendor	Material Used on Job	Quantity Used	Units Used	Unit Price	Total Price	Invoice #
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
Total Cost					\$ -	

### Contract Equipment/Labor

Vendor	Equipment/Labor Contracted For	Date(s) Used	Agency/ Company	Hours Used	Cost Per Hour	Total Cost
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
<b>Columns Totals</b>						\$ -

**LOUDOUN COUNTY, VIRGINIA  
FORCE ACCOUNT ACTIVITY SHEET**

**Applicant:** \_\_\_\_\_ **DSR NO:** \_\_\_\_\_

**Work Location:** \_\_\_\_\_ **\*Date:** \_\_\_\_\_

**Subsistence**

Vendor	Item	Date	Meal	Price	Total Price	Invoice #
<b>Total Cost</b>					<b>\$ -</b>	

**Lodging**

Vendor	Personnel	Date	Number of Rooms	Rate	Total Cost	Invoice #
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
<b>Columns Totals</b>					<b>\$ -</b>	